

78  
9-14-01

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	HL		6-26-9
C.I.P.E. CLASSIFIER	1	49	2/27/01
FORMALITY REVIEW	da	720	08-14-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

- |   |                                 |   |                    |
|---|---------------------------------|---|--------------------|
| ✓ | ..... Rejected                  | N | ..... Non-elected  |
| = | ..... Allowed                   | I | ..... Interference |
| - | (Through numeral)..... Canceled | A | ..... Appeal       |
| + | ..... Restricted                | O | ..... Objected     |

Claim		Date	
Final	Original		
1	388		
2	✓		
3	0		
4	0		
5	0		
6	0		
7	0		
8	0		
9	✓		
10	✓		
11	✓		
12	✓		
13	0		
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18	0		
19	✓		
20	✓		
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Claim		Date	
Final	Original		
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Claim		Date	
Final	Original		
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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